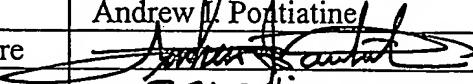


Rec'd PCT/PTO 02 JUN 2005

10/537196

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT		Attorney Docket No.	DURE-037				
		First Named Inventor	POUTIATINE, et al.				
		Application Number	To Be Assigned				
		Filing Date	Herewith				
		Group Art Unit	Unknown				
		Examiner Name	Unknown				
I hereby appoint:							
<input checked="" type="checkbox"/> Practitioners at Customer Number 31498 OR		<input type="checkbox"/> Practitioner(s) named below: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 2px;">Name</td> <td style="padding: 2px;">Registration Number</td> </tr> <tr> <td style="padding: 2px;"></td> <td style="padding: 2px;"></td> </tr> </table>		Name	Registration Number		
Name	Registration Number						
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.							
Please change the correspondence address for the above-identified application to: <input checked="" type="checkbox"/> The above-mentioned Customer Number OR <input type="checkbox"/> Practitioners at Customer Number _____ → OR							
<input type="checkbox"/> Firm or Individual Name Address Address City							
Country	State	Zip					
Telephone	Fax						
I am the:							
<input checked="" type="checkbox"/> Applicant/Inventor <input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71. <i>Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)</i>							
SIGNATURE of Applicant or Assignee of Record							
Name	Andrew I. Poutiatine						
Signature							
Date	5-21-04						
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.							
<input checked="" type="checkbox"/> *Total of <u>4</u> forms are submitted.							

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10/537196

		Attorney Docket No.	DURE-037				
		First Named Inventor	Poutiatine, et al.				
		Application Number	To Be Assigned				
		Filing Date	Herewith				
		Group Art Unit	Unknown				
		Examiner Name	Unknown				
<p>POWER OF ATTORNEY OR AUTHORIZATION OF AGENT</p> <p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners at Customer Number <u>31498</u></p> <p>OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1"> <tr> <td>Name</td> <td>Registration Number</td> </tr> <tr> <td> </td> <td> </td> </tr> </table> <p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Please change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The above-mentioned Customer Number</p> <p>OR</p> <p><input type="checkbox"/> Practitioners at Customer Number</p> <p>OR</p> <p><input type="checkbox"/> Firm or Individual Name</p> <p>Address</p> <p>Address</p> <p>City</p> <p>Country State Zip</p> <p>Telephone Fax</p> <p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71. <i>Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)</i></p> <p>SIGNATURE of Applicant or Assignee of Record</p> <p>Name Edward M. Gillis Signature <i>Edward M. Gillis</i> Date 5/1/05</p> <p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.</p> <p><input checked="" type="checkbox"/> *Total of <u>4</u> forms are submitted.</p>				Name	Registration Number		
Name	Registration Number						

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		Attorney Docket No.	DURE-037														
		First Named Inventor	Foudarime, et al.														
		Application Number	To Be Assigned														
		Filing Date	Herewith														
		Group Art Unit	Unknown														
		Examiner Name	Unknown														
<p>I hereby appoint:</p> <p><input checked="" type="checkbox"/> Practitioners at Customer Number <u>31498</u></p> <p>OR</p> <p><input type="checkbox"/> Practitioner(s) named below:</p> <table border="1"> <tr> <th>Name</th> <th>Registration Number</th> </tr> <tr> <td></td> <td></td> </tr> </table>				Name	Registration Number												
Name	Registration Number																
<p>as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.</p> <p>Please change the correspondence address for the above-identified application to:</p> <p><input type="checkbox"/> The above-mentioned Customer Number</p> <p>OR</p> <p><input type="checkbox"/> Practitioners at Customer Number</p> <p>OR</p> <table border="1"> <tr> <td><input type="checkbox"/> Firm or Individual Name</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>Address</td> <td></td> </tr> <tr> <td>City</td> <td></td> </tr> <tr> <td>Country</td> <td>State</td> <td>Zip</td> </tr> <tr> <td>Telephone</td> <td>Fax</td> <td></td> </tr> </table>				<input type="checkbox"/> Firm or Individual Name		Address		Address		City		Country	State	Zip	Telephone	Fax	
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<p>I am the:</p> <p><input checked="" type="checkbox"/> Applicant/Inventor</p> <p><input type="checkbox"/> Assignee of record of the entire interest. See 37 C.F.R. 3.71. Statement under 37 C.F.R. 3.73(b) is enclosed. (Form PTO/SB/96)</p>																	
SIGNATURE of Applicant or Assignee of Record																	
Name	<u>Riten Parikh</u>																
Signature	<u>Riten Parikh</u>																
Date	<u>JUN 2, 2005</u>																
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>																	
<p><input checked="" type="checkbox"/> Total of <u>4</u> forms are submitted.</p>																	

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PTO/SB/8 (05-03)

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POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	Herewith
First Named Inventor	POUILATINE, et al.
Title	CATHETER LOOP MANAGER
Art Unit	Unknown
Examiner Name	Unknown
Attorney Docket Number	DURE-037

I hereby appoint:

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31498

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Firm or
Individual Name

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Address

City

State

Zip

Country

Telephone

Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

SIGNATURE of Applicant or Assignee of Record

Name	James A. Filice		
Signature	<i>James A. Filice</i>		
Date	May 31 2005	Telephone	

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.



*Total of 4 forms are submitted.

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

104537196

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)		Attorney Docket No.	DURE-037
<input checked="" type="checkbox"/> Declaration <input type="checkbox"/> Declaration Submitted with OR Submitted after Initial Initial Filing		First Named Inventor	Poutiatine, et al.
		Application Number	To Be Assigned
		Filing Date	Herewith
		Group Art Unit	Unknown
		Examiner Name	Unknown

As a below named inventor, I hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

CATHETER LOOP MANAGER

The specification of which

is attached hereto

or

was filed on 04 Dec 2003 as United States Application Number or PCT International Application Number PCT/US03/38548 and was amended on _____ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? (Y/N)
PCT/US03/38548	WO	12/04/2003		N

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/0213 attached hereto:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

I hereby claim the benefit under Title 35, United States Code, Section 120 of any United States applications listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in said prior applications in the manner required by the first paragraph of Title 35, United States Code Section 112, I acknowledge my duty to disclose material information as defined in Title 37 Code of Federal Regulation, Section 1.56(a) which occurred between the filing dates of the prior applications and the national or Patent Cooperation Treaty international Filing date of this application:

Application Serial No.	Filed	Status (Pending, Abandoned, Patented)

DECLARATION- Utility or Design Patent Application

Direct all correspondence to: Customer number
Or barcode label

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address below.

Name:

Address:

City: _____ State: _____ Zip: _____

Country: _____ Telephone: _____ Fax: _____

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Andrew L</u>		Family Name Or Surname <u>Poutiatine</u>	
Inventor's Signature 		Date <u>5.2.05</u>	
Residence City <u>SAN ANSELMO</u>	State <u>CA</u>	US	US
Residence City <u>SAN ANSELMO</u>	State <u>CA</u>	Country <u>CA</u>	Citizenship
Mailing Address <u>516 Buena Vista Ave.</u> <u>28 Sir Francis Drake Blvd</u>			
Residence City <u>San Jose</u>	State <u>CA</u>	Zip <u>94061</u> <u>94960</u>	US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Edward M.</u>		Family Name Or Surname <u>Gillis</u>	
Inventor's Signature		Date	
Residence City <u>San Jose</u>	State <u>CA</u>	US	CA
Residence City <u>San Jose</u>	State <u>CA</u>	Country <u>95118</u>	Citizenship
Mailing Address <u>1548 Touraine Dr.</u>			
City <u>San Jose</u>	State <u>CA</u>	Zip <u>95118</u>	US
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.			

DECLARATION- Utility or Design Patent Application

Direct all correspondence to: Customer number
Or barcode label

31498

OR Correspondence
address below.

Name:

Address:

City:	State:	Zip
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Country:	Telephone:	Fax:
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information or belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Andrew I.		Family Name Or Surname Poutiatine	
Inventor's Signature		Date	
Redwood City	CA	US	US
Residence: City	State	Country	Citizenship

516 Buena Vista Ave.

Mailing Address			
Redwood City	CA	94061	US
City	State	Zip	Country
NAME OF SECOND INVENTOR:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) Edward M.		Family Name Or Surname Gillis	
Inventor's Signature	<i>Edward M. Gillis</i>	Date	<i>31 May 05</i>
San Jose	CA	US	CA
Residence: City	State	Country	Citizenship

1548 Touraine Dr.

Mailing Address			
San Jose	CA	95118	US
City	State	Zip	Country

Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheet(s) PTO/SB/02A attached hereto.

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet - Page 3 of 3	
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>Riten</u>		Family Name Or Surname	<u>Parikh</u>
Inventor's Signature <u>Riten Parikh</u>		Date <u>16 JUN 2, 2005</u>	
Residence: City <u>San Jose</u>	State <u>CA</u>	US <u>CA</u>	Country Citizenship <u>US</u>
Mailing Address <u>949 Brentwood Dr.</u>			
Mailing Address			
Residence: City <u>San Jose</u>	State <u>CA</u>	Zip <u>95129</u>	Country Citizenship <u>US</u>
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <u>James A.</u>		Family Name Or Surname	<u>Filice</u>
Inventor's Signature <u>James A. Filice</u>		Date <u>31 MAY 05</u>	
Residence: City <u>Los Gatos</u>	State <u>CA</u>	US <u>CA</u>	Country Citizenship <u>US</u>
Mailing Address <u>1555 Elwood Dr.</u>			
Mailing Address			
Residence: City <u>Los Gatos</u>	State <u>CA</u>	Zip <u>95032</u>	Country Citizenship <u>US</u>
Name of Additional Joint Inventor:		<input type="checkbox"/> a petition has been filed for this unsigned inventor	
Given Name (first and middle [if any])		Family Name Or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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